ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ML		07-26-01
O.I.P.E. CLASSIFIER		43	8/3/01
FORMALITY REVIEW	CR	1109	8/31/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected
= ..... Allowed
— (Through numeral)... Canceled
÷ ..... Restricted
N ..... Non-elected
I ..... Interference
A ..... Appeal
O ..... Objected

Claim Final	Claim Original	Date				
		13+2 02	5 13 03	11 13 04	10 3 04	
	1	✓	✓	✓	✓	✓
	2	O	O			N
	3	O	O			÷
	4	O	O			
	5	✓	✓			
	6	✓	✓			
	7	O	O			
	8	✓	N			
	9	O	✓			
	10	✓	✓			
	11	✓	✓			
	12	✓	✓	✓	N	
	13	O	N	✓	✓	
	14	O	N	✓	✓	N
	15	N	O	✓	✓	
	16	N	O	✓	✓	
	17	✓	✓	✓	N	
	18	✓	✓	✓	N	
	19	✓	✓	✓	N	
	20	N	O			
	21	N	✓	✓	N	
	22	✓	O			÷
	23	✓	O			
	24	✓	O			
	25		O			
	26		O			
	27		✓			
	28	✓	O			
	29	✓	O	✓	✓	N
	30		O			
	31		✓	✓	✓	✓
	32			✓	✓	✓
	33				✓	✓
	34			O	N	
	35	—		✓	N	
	36			✓	N	
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Claim Final	Claim Original	Date
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If more than 150 claims or 10 actions staple additional sheet here

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